

Public Law 88-597

AN ACT

September 15, 1964
[S. 935]

To protect the constitutional rights of certain individuals who are mentally ill, to provide for their care, treatment, and hospitalization, and for other purposes.

District of
Columbia Hospital-
ization of the
Mentally Ill Act.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This Act may be cited as the "District of Columbia Hospitalization of the Mentally Ill Act".

DEFINITIONS

SEC. 2. As used in this Act—

(1) the term "mental illness" means any psychosis or other disease which substantially impairs the mental health of an individual;

(2) the term "mentally ill person" means any person who has a mental illness, but shall not include a person committed to a private or public hospital in the District of Columbia by order of the court in a criminal proceeding;

(3) The term "physician" means an individual licensed under the laws of the District of Columbia to practice medicine, or an individual who practices medicine in the employment of the Government of the United States or of the District of Columbia;

(4) the term "private hospital" means any nongovernmental hospital or institution, or part thereof, in the District of Columbia, equipped and qualified to provide inpatient care and treatment for any individual suffering from a physical or mental illness;

(5) the term "public hospital" means any hospital or institution, or part thereof, in the District of Columbia, owned and operated by the Government of the United States or of the District of Columbia, equipped and qualified to provide inpatient care and treatment for any individual suffering from a physical or mental illness;

(6) the term "administrator" means an individual in charge of a public or private hospital or his delegate; and

(7) the term "chief of service" means the physician charged with overall responsibility for the professional program of care and treatment in the particular administrative unit of the hospital to which the patient has been admitted or such other member of the medical staff as shall be designated by the chief of service.

COMMISSION ON MENTAL HEALTH

Appointment of
members.

SEC. 3. The United States District Court for the District of Columbia (hereinafter referred to as the "court") is authorized to appoint a Commission on Mental Health, composed of nine members. One member shall be a member of the bar of such court, who has engaged in active practice of law in the District of Columbia for a period of at least five years prior to his appointment. He shall be the Chairman of the Commission and act as the administrative head of the Commission and its staff. He shall preside at all hearings and direct all of the proceedings before the Commission. He shall devote his entire time to the work of the Commission. Eight members of the Commission shall be physicians who have been practicing medicine in the District of Columbia and who have had not less than five years'

experience in the diagnosis and treatment of mental illnesses. Each member of the Commission shall hold office for four years, the appointments of physician members to be staggered. The physician members shall serve on a part-time basis and shall be rotated by assignment of the chief judge of the court, so that at any one time the Commission shall consist of the Chairman and two physician members. Physician members of the Commission may practice their profession during their tenure of office, but may not participate in the disposition of the case of any person in which they have rendered professional service or advice. The court shall also appoint an alternate lawyer member who shall have the same qualifications as the lawyer member of the Commission and who shall serve on a part-time basis and act as Chairman in the absence of the permanent Chairman. The salaries of the members of the Commission and its employees shall be fixed in accordance with the provisions of the Classification Act of 1949, as amended. The alternate Chairman shall be paid on a per diem basis at the same rate of compensation as fixed for the permanent Chairman. It shall be the duty of the Commission on Mental Health to examine alleged mentally ill persons, inquire into their affairs and the affairs of persons who may be legally liable for their support, and to make reports and recommendations to the court. Except as otherwise provided in this Act, the Commission may conduct its examinations and hearings either at the courthouse or elsewhere at its discretion. The court may issue subpoenas at the request of the Commission returnable before the Commission, for the appearance of the alleged mentally ill person, witnesses, and persons who may be liable for the support of the mentally ill person. The Commission, or any of the members thereof, shall be competent and compellable witnesses at any trial, hearing, or other proceeding conducted pursuant to this Act and the physician-patient privilege shall not be applicable.

Ante, p. 400.

VOLUNTARY HOSPITALIZATION

SEC. 4. (a) Any individual may apply to any public or private hospital in the District of Columbia for admission to such hospital as a voluntary patient for the purposes of observation, diagnosis, and care and treatment of a mental illness. Upon the request of any such individual eighteen years of age or over (or in the case of any individual under eighteen years of age, upon a request made by his spouse, parent, or legal guardian), the administrator of a public hospital shall, if an examination by an admitting psychiatrist at such public hospital reveals the need for such hospitalization, and the administrator of a private hospital may, admit any such individual as a voluntary patient to such hospital for observation, diagnosis, and care and treatment of a mental illness in accordance with the provisions of this Act.

(b) Any voluntary patient admitted to any hospital pursuant to this section shall, if he is eighteen years of age or over, be entitled at any time to obtain his release from such hospital by filing a written request with the chief of service. The chief of service shall, within a period of forty-eight hours after the receipt of any such request (unless such period shall expire on a Saturday, Sunday, or legal holiday, then not later than noon of the next succeeding day which is not a Saturday, Sunday, or legal holiday), release the voluntary patient making such request. In the case of any voluntary patient under the age of eighteen years, the chief of service shall release such patient, according to the provisions of this section, upon the written request of his spouse, parent, or legal guardian. The chief of service may release any voluntary patient hospitalized pursuant to this section whenever he determines that such patient has recovered or that his continued hospitalization is no longer beneficial to him or advisable.

HOSPITALIZATION OF NONPROTESTING PERSONS

SEC. 5. (a) A friend or relative of an individual believed to be suffering from a mental illness may make application on behalf of that individual to the admitting psychiatrist of any hospital by presenting the individual, together with a referral from a practicing physician. Such individual may be accepted for examination and treatment by any private hospital and shall be accepted for examination and treatment by any public hospital if, in the judgment of the admitting psychiatrist, the need for such is indicated on the basis of the individual's mental condition and such individual signs a statement at the time of such admission stating that he does not object to hospitalization. Such statement shall contain in simple, nontechnical language the fact that the individual is to be hospitalized and a description of the right to release set out in subsection (b) of the section. The admitting psychiatrist may admit such an individual without referral from a practicing physician if the need for an immediate admission is apparent to the admitting psychiatrist upon preliminary examination.

(b) Any person hospitalized under the provisions of subsection (a) of this section shall be immediately released upon his written request unless proceedings for hospitalization under court order pursuant to section 7 have been initiated.

EMERGENCY HOSPITALIZATION

SEC. 6. (a) Any duly accredited officer or agent of the Department of Public Health of the District of Columbia, or any officer authorized to make arrests in the District of Columbia, or the family physician of the individual in question, who has reason to believe that an individual is mentally ill and, because of such illness, is likely to injure himself or others if he is not immediately detained may, without a warrant, take such individual into custody, transport him to a public or private hospital, and make application for his admission thereto for purposes of emergency observation and diagnosis. Such application shall reveal the circumstances under which the individual was taken into custody and the reasons therefor.

(b) Subject to the provisions of subsection (c) of this section, the administrator of any private hospital, may, and the administrator of any public hospital shall, admit and detain for purposes of emergency observation and diagnosis any individual with respect to whom such application is made, if such application is accompanied by a certificate of a psychiatrist on duty at such hospital stating that he has examined the individual and is of the opinion that he has symptoms of a mental illness and, as a result thereof, is likely to injure himself or others unless he is immediately hospitalized; not later than twenty-four hours after the admission pursuant to this section of any individual to a hospital, the administrator of such hospital shall serve notice of such admission, by registered mail, to the spouse, parent, or legal guardian of such individual and to the Commission on Mental Health.

(c) No individual admitted to any hospital under subsection (b) of this section shall be detained in such hospital for a period in excess of forty-eight hours from the time of his admission (unless such period shall expire on a Saturday, Sunday, or legal holiday, then not later than noon of the next succeeding day which is not a Saturday, Sunday, or legal holiday) unless the administrator of such hospital has, within such period, filed a written petition with the court for an order authorizing the continued hospitalization of such individual for emergency observation and diagnosis for a period not to exceed seven days from the time such order is entered.

(d) The court shall, within a period of twenty-four hours after the receipt by it of such petition (unless such period shall expire on a Saturday, Sunday, or legal holiday, then not later than noon of the next succeeding day which is not a Saturday, Sunday, or legal holiday) either order the hospitalization of such individual for emergency observation and a diagnosis for a period of not to exceed seven days from the time such order is entered, or order his immediate release. In making its determination, the court shall consider the written reports of the agent, officer, or physician who made the application under subsection (b) of this section, the certificate of the examining psychiatrist which accompanied it, and any other relevant information.

(e) Any individual whose continued hospitalization is ordered under subsection (d) of this section shall be entitled upon his request to a hearing before the court entering such order. Any such hearing so requested shall be held within a period of twenty-four hours after receipt of such request (unless such period shall expire on a Saturday, Sunday, or legal holiday, then not later than noon of the next succeeding day which is not a Saturday, Sunday, or legal holiday).

(f) The chief of service of any hospital in which an individual is hospitalized under a court order entered pursuant to subsection (d) of this section shall, within forty-eight hours after such order is entered, have such individual examined by a physician. If the physician, after his examination, certifies that in his opinion the individual is not mentally ill to the extent that he is likely to injure himself or others if not presently detained, the individual shall be immediately released. The chief of service shall, within forty-eight hours after such examination has been completed, send a copy of the results thereof by registered mail to the spouse, parents, attorney, legal guardian, or nearest known adult relative of the individual examined.

(g) Any physician or psychiatrist making application or conducting an examination under this Act shall be a competent and compellable witness at any trial hearing or other proceeding conducted pursuant to this Act and the physician-patient privilege shall not be applicable.

(h) Notwithstanding any other provision of this section, the administrator of any hospital in which an individual is hospitalized under this section may, if judicial proceedings for his hospitalization have been commenced under section 7 of this Act, detain such individual therein during the course of such proceedings.

HOSPITALIZATION UNDER COURT ORDER

SEC. 7. (a) Proceedings for the judicial hospitalization of any individual in the District of Columbia may be commenced by the filing of a petition with the Mental Health Commission by his spouse, parent, or legal guardian, by any physician, duly accredited officer or agent of the Department of Public Health, or by any officer authorized to make arrest in the District of Columbia. Such petition shall be accompanied (1) by a certificate of a physician stating that he has examined the individual and is of the opinion that such individual is mentally ill, and because of such illness is likely to injure himself or others if allowed to remain at liberty, or (2) by a sworn written statement by the petitioner that (A) the petitioner has good reason to believe that such individual is mentally ill and, because of such illness, is likely to injure himself or others if allowed to remain at liberty, and (B) that such individual has refused to submit to examination by a physician.

(b) Within three days after the receipt by it of any petition filed under subsection (a) of this section, the Commission shall send a copy of such petition by registered mail to the individual with respect to whom it was filed.

(c) The Commission shall promptly examine any individual alleged to be mentally ill after the filing of a petition provided by subsection (a) of this section and shall thereafter promptly hold a hearing on the issue of his mental illness. Such hearing shall be conducted in as informal a manner as may be consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the mental health of the individual named in such petition. In conducting such hearing, the Commission shall hear testimony of any person whose testimony may be relevant and shall receive all relevant evidence which may be offered. Any individual with respect to whom a hearing is held under this section shall be entitled, in his discretion, to be present at such hearing, to testify, and to present and cross-examine witnesses. The Commission shall also hold a hearing in order to determine liability under the provisions of subsection (g) of this section for the expenses of hospitalization of the alleged mentally ill person, if it is determined that he is mentally ill and should be hospitalized as provided under this Act. Such hearing may be conducted separately from the hearing on the issue of mental illness. If conducted separately, it may be conducted by the Chairman of the Commission alone.

(d) The alleged mentally ill person shall be represented by counsel in any proceeding before the Commission or the court, and if he fails or refuses to obtain counsel, the court shall appoint counsel to represent him. Any counsel so appointed shall be awarded compensation by the court for his services in an amount determined by it to be fair and reasonable. Such compensation shall be charged against the estate of the individual for whom such counsel was appointed, or against any unobligated funds of the Commission, as the court in its discretion may direct. The Commission or the court, as the case may be, shall, at the request of any counsel so appointed, grant a recess in such proceeding (but not for more than five days) to give such counsel an opportunity to prepare his case.

(e) If the Commission finds, after such hearing, that the individual with respect to whom such hearing was held is not mentally ill or if mentally ill, is not mentally ill to the extent that he is likely to injure himself or others if allowed to remain at liberty, the Commission shall immediately order his release and notify the court of that fact in writing. If the Commission finds, after such hearing, that the individual with respect to whom such hearing was held is mentally ill, and because of such illness is likely to injure himself or others if allowed to remain at liberty, the Commission shall promptly report such fact, in writing, to the United States District Court for the District of Columbia. Such report shall contain the Commission's findings of fact, conclusions of law, and recommendations. Any alleged mentally ill person with respect to whom such report is made shall have the right to demand a jury trial and shall be advised of that right by the Commission orally and in writing. A copy of the report of the Commission shall be served personally on the alleged mentally ill person and his attorney.

(f) Upon the receipt by the court of any such report referred to in subsection (e), the court shall promptly set the matter for hearing and shall cause a written notice of the time and place of the final hearing to be served personally upon the individual with respect to whom such report was made and his attorney, together with notice that he has five days following the date on which he is so served within which to demand a jury trial. Any such demand may be made by such individual or by anyone in his behalf. If a jury trial is demanded within such five-day period, it shall be accorded by the court with all reasonable speed. If no timely demand is made for such trial, the court shall determine such individual's mental condition on the basis of the report of the Commission, or on such further evidence in addi-

tion to such report as the court may require. If the court or jury (as the case may be) finds that such individual is not mentally ill, the court shall dismiss the petition and order his release. If the court or jury (as the case may be) finds that such individual is mentally ill and, because of that illness, is likely to injure himself or others if allowed to remain at liberty, the court may order his hospitalization for an indeterminate period, or order any other alternative course of treatment which the court believes will be in the best interests of such individual or of the public. The Commission, or any member thereof, shall be competent and compellable witnesses at any hearing or jury trial held pursuant to this Act. The jury to be used in any case where a jury trial is demanded under this Act shall be impaneled, upon order of the court, from the jurors in attendance upon other branches of the court, who shall perform such services in addition to and as part of their duties in such court.

(g) The father, mother, husband, wife, and adult children of a mentally ill person, if of sufficient ability, and the estate of such mentally ill person, if such estate is sufficient for the purpose, shall pay the cost to the District of Columbia of such mentally ill person's maintenance, including treatment, in any hospital in which such person is hospitalized under this Act. It shall be the duty of the Commission to examine, under oath, the father, mother, husband, wife, and adult children of any alleged mentally ill person whenever such relatives live within the District of Columbia, and to ascertain the ability of such relatives or estate to maintain or contribute toward the maintenance of such mentally ill person; except that in no case shall such relatives or estate be required to pay more than the actual cost to the District of Columbia of maintenance of such alleged mentally ill person. If any individual hereinabove made liable for the maintenance of a mentally ill person shall fail so to provide or pay for such maintenance, the court shall issue to such individual a citation to show cause why he should not be adjudged to pay a portion or all of the expenses of maintenance of such patient. The citation shall be served at least ten days before the hearing thereon. If, upon such hearing, it shall appear to the court that the mentally ill person has not sufficient estate out of which his maintenance may properly be fully met and that he has relatives of the degree hereinabove referred to who are parties to the proceedings, and who are able to contribute thereto, the court may make an order requiring payment by such relative of such sum or sums as it may find they are reasonably able to pay and as may be necessary to provide for the maintenance and treatment of such mentally ill person. Such order shall require the payment of such sums to the District of Columbia treasurer annually, semiannually, quarterly, or monthly as the court may direct. It shall be the duty of the treasurer to collect such sums due under this section, and to turn the same into the Treasury of the United States to the credit of the District of Columbia. Any such order may be enforced against any property of the mentally ill person or of the individual liable or undertaking to maintain him in the same way as if it were an order for temporary alimony in a divorce case.

(h) No petition, application, or certificate authorized under sections 6(a) and 7(a) of this Act may be considered if made by a physician who is related by blood or marriage to the alleged mentally ill person, or who is financially interested in the hospital in which the alleged mentally ill person is to be detained, or, except in the case of physicians employed by the United States or the District of Columbia, who are professionally or officially connected with such hospital. No such petition, application, or certificate of any physician shall be considered unless it is based on personal observation and examination of the

alleged mentally ill person made by such physician not more than seventy-two hours prior to the making of the petition, application, or certificate. Such certificate shall set forth in detail the facts and reasons on which such physician based his opinions and conclusions.

PERIODIC EXAMINATION AND RELEASE

SEC. 8. (a) Any patient hospitalized pursuant to a court order obtained under section 7 of this Act, or his attorney, legal guardian, spouse, parent, or other nearest adult relative, shall be entitled, upon the expiration of ninety days following such order and not more frequently than every six months thereafter, to request, in writing, the chief of service of the hospital in which the patient is hospitalized, to have a current examination of his mental condition made by one or more physicians. If the request is timely it shall be granted. The patient shall be entitled, at his own expense, to have any duly qualified physician participate in such examination. In the case of any such patient who is indigent, the Department of Public Health shall, upon the written request of such patient, assist him in obtaining a duly qualified physician to participate in such examination in the patient's behalf. Any such physician so obtained by such indigent patient shall be compensated for his services out of any unobligated funds of such Department in an amount determined by it to be fair and reasonable. If the chief of service, after considering the reports of the physicians conducting such examination, determines that the patient is no longer mentally ill to the extent that he is likely to injure himself or others if not hospitalized, the chief of service shall order the immediate release of the patient. However, if the chief of service, after considering such reports, determines that such patient continues to be mentally ill to the extent that he is likely to injure himself or others if not hospitalized, but one or more of the physicians participating in such examination reports that the patient is not mentally ill to such extent, the patient may petition the court for an order directing his release. Such petition shall be accompanied by the reports of the physicians who conducted the examination of the patient.

(b) In considering such petition, the court shall consider the testimony of the physicians who participated in the examination of such patient, and the reports of such physicians accompanying the petition. After considering such testimony and reports, the court shall either (1) reject the petition and order the continued hospitalization of the patient, or (2) order the chief of service to immediately release such patient. Any physician participating in such examination shall be a competent and compellable witness at any trial or hearing held pursuant to this Act.

(c) The chief of service of a public or private hospital shall as often as practicable, but not less often than every six months, examine or cause to be examined each patient admitted to any such hospital pursuant to section 7 of this Act and if he determines on the basis of such examination that the conditions which justified the involuntary hospitalization of such patient no longer exist, the chief of service shall immediately release such patient.

(d) Nothing in this section shall be construed to prohibit any person from exercising any right presently available to him for obtaining release from confinement, including the right to petition for a writ of habeas corpus.

RIGHT TO COMMUNICATION—EXERCISE OF CERTAIN RIGHTS

SEC. 9. (a) Any person hospitalized in a public or private hospital pursuant to this Act shall be entitled (1) to communicate by sealed mail or otherwise with any individual or official agency inside or outside the hospital, and (2) to receive uncensored mail from his attorney or personal physician. All other incoming mail or communications may be read before being delivered to the patient, if the chief of service believes such action is necessary for the medical welfare of the patient who is the intended recipient. However, any mail or other communication which is not delivered to the patient for whom it is intended shall be immediately returned to the sender. But nothing in this section shall prevent the administrator from making reasonable rules regarding visitation hours and the use of telephone and telegraph facilities.

(b) Any person hospitalized in a public hospital for a mental illness shall, during his hospitalization, be entitled to medical and psychiatric care and treatment. The administrator of each public hospital shall keep records detailing all such care and treatment received by any such person and such records shall be made available, upon that person's written authorization, to his attorney or personal physician. Such records shall be preserved by the administrator until such person has been discharged from the hospital.

(c) No mechanical restraint shall be applied to any patient hospitalized in any public or private hospital for a mental illness unless the use of restraint is prescribed by a physician and, if so prescribed, such restraint shall be removed whenever the condition justifying its use no longer exists. Any use of a mechanical restraint, together with the reasons therefor, shall be made a part of the medical record of the patient.

(d) No patient hospitalized pursuant to this Act shall, by reason of such hospitalization, be denied the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, vote, and hold a driver's license, unless such patient has been adjudicated incompetent by a court of competent jurisdiction and has not been restored to legal capacity. If the chief of service of the public or private hospital in which any such patient is hospitalized is of the opinion that such patient is unable to exercise any of the aforementioned rights, the chief of service shall immediately notify the patient and the patient's attorney, legal guardian, spouse, parents, or other nearest known adult relative, and the United States District Court for the District of Columbia, the Commission on Mental Health, and the Board of Commissioners of the District of Columbia of that fact.

(e) Any individual in the District of Columbia who, by reason of a judicial decree ordering his hospitalization entered prior to the date of the enactment of this Act, is considered to be mentally incompetent and is denied the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, vote, or hold a driver's license solely by reason of such decree, shall, upon the expiration of the one-year period immediately following such date of enactment, be deemed to have been restored to legal capacity unless, within such one-year period, affirmative action is commenced to have such individual adjudicated mentally incompetent by a court of competent jurisdiction.

(f) Any patient, and the patient's spouse, parents, or other nearest known adult relative, shall receive, upon admission of the patient to the hospital, a written statement outlining in simple, nontechnical language all release procedures provided by this Act, setting out all

rights accorded to patients by this Act, and describing procedures provided by law for adjudication of incompetency and appointment of trustees or committees for the hospitalized individual.

VETERANS' ADMINISTRATION FACILITIES

SEC. 10. Nothing in this Act shall be construed to require the admission of any individual to any Veterans' Administration or military hospital facility unless such individual is otherwise eligible for care and treatment in such facility.

PENALTIES

SEC. 11. (a) Any individual who, (1) without probable cause for believing a person to be mentally ill, causes or conspires with or assists another to cause the hospitalization of any such person under this Act, or (2) causes or conspires with or assists another to cause the denial to any person of any right accorded to him under this Act, shall be punished by a fine not exceeding \$5,000 or imprisonment not exceeding three years, or both.

(b) Any individual who, without probable cause for believing a person to be mentally ill, executes a petition, application, or certificate pursuant to this Act, by which such individual secures or attempts to secure the apprehension, hospitalization, detention, or restraint of any such person, or any physician or psychiatrist who knowingly makes any false certificate or application pursuant to this Act as to the mental condition of any person, shall be punished by a fine not exceeding \$5,000 or imprisonment not exceeding three years, or both.

NONRESIDENT

SEC. 12. If an individual ordered committed to a public hospital by the court pursuant to subsection (f) of section 7 is found by the Commission, subject to a review by the court, not to be a resident of the District of Columbia, and to be a resident of another place, he shall be transferred to the State of his residence if an appropriate institution of that State is willing to accept him. If the person be an indigent, the expense of transferring him, including the traveling expenses of necessary attendants, shall be borne by the District of Columbia. For the purposes of this section, a "resident of the District of Columbia" means an individual who has maintained his principal place of abode in the District of Columbia for more than one year immediately prior to the filing of the petition referred to in subsection (a) of section 7 of this Act.

WITNESS FEES

SEC. 13. Witnesses subpoenaed under the provisions of this Act shall be paid the same fees and mileage as are paid to witnesses in the courts of the United States.

NOT TO BE CONFINED IN JAIL

SEC. 14. No person apprehended, detained, or hospitalized under any provision of this Act, shall be confined in jail or in any penal or correctional institution.

FORMS

SEC. 15. All applications and certificates for the hospitalization of any individual in the District of Columbia under this Act shall be made on forms approved by the Commission and furnished by it.

SURETY

SEC. 16. The court in its discretion may require any petitioner under section 7 of this Act to file an undertaking with surety to be approved by the court in such amount as the court may deem proper, conditioned to save harmless the respondent by reason of costs incurred, including attorney's fees, if any, and damages suffered by the respondent, as a result of any such action.

INDIVIDUALS PREVIOUSLY HOSPITALIZED

SEC. 17. The provisions of sections 8, 9, 12, 14, 15, and 16 of this Act shall be applicable to any person who, on or after the date of the enactment of this Act, is a patient in a hospital in the District of Columbia by reason of having been declared insane or of unsound mind pursuant to a court order entered in a noncriminal proceeding prior to such date of enactment; except that any request for an examination authorized under section 8 may be made by such person, or his attorney, legal guardian, spouse, parent, or other nearest adult relative, after the expiration of the thirty-day period following the date of the enactment of this Act and not more frequently than every six months thereafter.

APPOINTMENT OF CONSERVATORS

SEC. 18. The first section of the Act of October 24, 1951 (65 Stat. 608), is amended by adding after "mental weakness (not amounting to unsoundness of mind)" the following: "mental illness (as such term is defined in the District of Columbia Hospitalization of the Mentally Ill Act)."

D.C. Code 21-501.

ACTS REPEALED

SEC. 19. (a) Except as otherwise provided in subsection (b) of this section, the Act entitled "An Act to provide for insanity proceedings in the District of Columbia", approved June 8, 1938 (52 Stat. 625), as amended, and the Act entitled "An Act to provide for insanity proceedings in the District of Columbia", approved August 9, 1939 (53 Stat. 1293), as amended, are repealed.

D.C. Code 21-308.

(b) The repeal of the Act of June 8, 1938, and of the Act of August 9, 1939, shall not be construed to affect (1) any action or proceeding brought or existing on the date immediately preceding the date of the enactment of this Act, or (2) any liability incurred by any person for the payment of the costs of maintenance and treatment of an insane or incompetent person hospitalized in the District of Columbia prior to the date of the enactment of this Act, and any such action or proceeding shall be heard and determined and such liability continued in accordance with the provisions of such Acts in the same manner and to the same extent as if they had not been repealed.

D.C. Code 21-310
to 21-318, 21-320
to 21-325.

(c) The Act entitled "An Act to authorize the apprehension and detention of insane persons in the District of Columbia, and providing for their temporary commitment in the Government Hospital for the Insane, and for other purposes", approved April 27, 1904 (33 Stat. 316), is hereby repealed.

D.C. Code 21-326,
327, 330.
D.C. Code 21-319,
332, 333.

(d) Sections 4849, 4856, and 4857 of the Revised Statutes are hereby repealed.

(e) Sections 115(b), 115(c), 115(d), and 115(e), of the Act entitled "An Act to establish a code of law for the District of Columbia", approved March 3, 1901 (31 Stat. 1189), as amended, are hereby repealed. Nothing in this subsection shall be construed to affect any

D.C. Code 21-301,
21-303 to 21-305.

action taken prior to the date of the enactment of this Act pursuant to any of the aforementioned subsections repealed by this subsection.

(f) The last sentence of section 1 of the Act of February 23, 1905 (33 Stat. 740), as amended (D.C. Code, sec. 21-307), is hereby repealed.

(g) The Act of March 3, 1927 (44 Stat. 1383; D.C. Code, sec. 21-302), is hereby repealed.

(h) Sections 1, 2, and 3 of the Act of June 22, 1948 (62 Stat. 572), as amended (D.C. Code, sec. 32-412-413), are hereby repealed.

(i) The two provisos in the fifth paragraph under the heading "Public Welfare" in the District of Columbia Appropriations Act, 1949, are hereby repealed.

D.C. Code 32-414.

62 Stat. 549.
D.C. Code 32-401a.

CONTINUANCE OF COMMISSION ON MENTAL HEALTH

SEC. 20. The Commission on Mental Health to which reference is made in section 3 of this Act is the Commission established by the Act of June 8, 1938 (52 Stat. 625), as amended. Nothing contained in any amendment made by this Act shall be construed to affect or impair the existence of the Commission so established, or to alter the pay or the terms of office of the members of such Commission serving as such on the day preceding the date of enactment of this Act.

Approved September 15, 1964.

Public Law 88-598

AN ACT

September 18, 1964
[S. 1186]

To amend the Act authorizing the Crooked River Federal reclamation project to provide for the irrigation of additional lands.

Crooked River
Federal reclama-
tion project, Oreg.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the first section of the Act entitled "An Act to authorize construction by the Secretary of the Interior of the Crooked River Federal reclamation project, Oregon", approved August 6, 1956 (70 Stat. 1058), as amended, is amended by inserting immediately before the period at the end of the first sentence of such section the following: "and the Crooked River project extension, together referred to hereafter as the project. The principal new works for the project extension shall include six pumping plants, canals, and related distribution and drainage facilities".

Appropriation.

SEC. 2. There are hereby authorized to be appropriated for construction of the new works involved in the Crooked River project extension \$1,132,000, plus or minus such amounts, if any, as may be required by reason of changes in the cost of construction work of the types involved therein as shown by engineering cost indexes and, in addition thereto, such sums as may be required to operate and maintain said extension.

SEC. 3. Supplemental power and energy required for irrigation water pumping for the project shall be made available by the Secretary of the Interior from the Federal Columbia River power system at charges determined by him.

Approved September 18, 1964.